

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION TO <input type="checkbox"/> TERMINATE <input type="checkbox"/> MODIFY GUARDIANSHIP <input type="checkbox"/> LEGALLY INCAPACITATED INDIVIDUAL <input type="checkbox"/> MINOR	FILE NO.
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In the matter of _____

Court ORI	Date of birth	Race	Sex	Current address of legally incapacitated individual

1. I am interested in this matter as _____
State relationship/interest

NOTICE: In limited-minor guardianships, only the parent(s) with a right to custody of the minor may petition to terminate the guardianship.

2. ☐ a. The alleged incapacitated individual has
- ☐ a spouse whose name and address are listed below.
 - ☐ adult child(ren) whose name(s) and address(es) are listed below.
 - ☐ living parent(s) whose name(s) and address(es) are listed below.
 - ☐ no spouse, child(ren), or parent(s). The names and addresses of presumptive heirs are listed below.
 - ☐ none of the above (must notify the Attorney General*).

NAME	RELATIONSHIP	ADDRESS AND TELEPHONE NO.

*Notify the Attorney General by sending a copy of this form to: Attorney General, Public Administration, PO Box 30736, Lansing, MI 48909.

- ☐ b. The interested persons for the minor, their relationship, and their addresses are:

NAME	RELATIONSHIP	ADDRESS
	Father/Age _____	
	Mother/Age _____	
	Conservator	
	Guardian	
	Person with care/ custody of minor**	

** Also list persons who had principal care and custody of minor during the 63 days preceding filing of petition

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

3. The reasons why the court should take action are: _____

I REQUEST that the court:

- ☐ 4. Terminate the guardianship.
- ☐ 5. Accept the guardian's resignation.
- ☐ 6. Remove the guardian who ☐ has ☐ has not been suspended.
- ☐ 7. Appoint _____

Name (type or print)Address

City, state, zipTelephone no.

as successor guardian.
- ☐ 8. Appoint _____

Name (type or print)Address

City, state, zipTelephone no.

as a temporary guardian pending appointment of a successor.
- ☐ 9. Modify the powers of the guardian as follows: _____

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Date	
_____ Attorney signature	_____ Petitioner signature
_____ Name (type or print)Bar no.	_____ Name (type or print)
_____ Address	_____ Address
_____ City, state, zipTelephone no.	_____ City, state, zipTelephone no.

NOMINATION BY MINOR:

☐ I am 14 years of age or older. I nominate _____ as my guardian, who lives at

Name

AddressCityStateZip

DateSignature of minor